



Incident Report

Print Date/Time: 08/16/2016 09:45

Login ID: ss0143

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00015795

Incident Date/Time: 8/11/2016 11:14:00 AM
Location: LUNDEEN PKWY / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 765-4992
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 2
Status: 2
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy
19D3	SS0134-Lyons
19S15	SS0072-Aukerman

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BYRAM, MICHAEL		(425) 765-4992			
1	Driver	WILTSE, BRANDAN ADAM	12227 56TH DR Marysville WA 982716250	(425) 903-1368	White	Male	05/15/1994
2	Driver	WILD, ANNE LAVY	3336 114TH DR Lake Stevens WA 982588787	(425) 212-7167		Female	02/10/1969

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						B54325F	
Involved Vehicle						OPENSKY	

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

08/11/2016 : 12:15:27 SP0112 Narrative: TOW ARRIVED

08/11/2016 : 11:36:48 SP0297 Narrative: SKY VALLEY ENRT

08/11/2016 : 11:15:36 sp0251 Narrative: LR251

08/11/2016 : 11:15:26 sp0251 Narrative: AC TRUCK VS PC, BLKING TURN LANE , UNK INJ

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E572789**CASE # **2016-00015795**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02** OBJECT
STRUCKTRIBAL
RESERVATIONDATE OF COLLISION **08** - **11** - **2016** TIME (2400) **1115** COUNTY # **31** MILES **N** **E** **IN** **OF** **0664**ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐
SR 9 NE BLOCK NO. ☒ 1900
MILE POSTDISTANCE OF (REFERENCE OR CROSS STREET)
MILES **N** **E** **LUNDEEN PKWY**
FEET **S** **W**UNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4259031368**LAST NAME **WILTSE** FIRST NAME **BRANDAN** MIDDLE INITIAL **A**STREET NEW ADDRESS **12227 56TH DR NE**CITY **MARYSVILLE** ST **WA** ZIP **982716250**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **WILTSBA067KN** STATE **WA** SEX **M** D.O.B. **05** - **15** - **1994**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIESLICENSE PLATE # **B54325F** STATE **WA** VIN# **5TEVL52N91Z763722**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2001** MAKE **TOYT** MODEL **PU** STYLE **PC** VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **BRANDAN WILTSE 13815 28TH ST NE LAKE STEVENS WA 98258**LIABILITY INSURANCE IN EFFECT ☐ INSURANCE CO & POLICY #VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # **6Z0830370** CHARGE **OP MOT VEH W/OUT INSURANCE**UNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET ☒ YES ☐ NO ☐ PHONE **D: 4252127167**LAST NAME **WILD** FIRST NAME **ANNE** MIDDLE INITIAL **L**STREET NEW ADDRESS **3336 114TH DR NE**CITY **LAKE STEVENS** ST **WA** ZIP **982588787**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **WILD*AL311CS** STATE **WA** SEX **F** D.O.B. **02** - **10** - **1969**ON DUTY ☐ STATUS AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE INJURY CLASS **7** NATURE OF INJURIES **NECK**LICENSE PLATE # **OPENSKY** STATE **WA** VIN# **WBAUN93519VK40413**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2009** MAKE **BMW** MODEL **135** STYLE **CV** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **SKY VALLEY TOWING** GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. **ANNE WILD 3336 114TH DR NE LAKE STEVENS WA 98258**LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **MUTUAL ENUMCLAW INSURANCE PA61040436**VEHICLE LEGALLY STANDING YES ☒ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) **J. KILROY #0132** BADGE OR ID # **#0132** AGENCY **WA0311900**

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E572789**CASE # **2016-00015795**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

Unit 1 was traveling south on SR 9 NE approaching the intersection with Lundeen Pkwy. Unit 2 was stopped on SR 9 NE at the intersection with Lundeen Pkwy waiting to make a right turn onto Lundeen Pkwy. Driver of unit 1 said he got his foot stuck on the lanyard hanging from his keys and was unable to push on the brake to stop causing unit 1 to hit unit 2.

Driver of unit 2 went with aid to get checked on for neck pain.

Unit 1 was at fault. Driver of unit 1 was cited for no proof of vehicle insurance.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132
08-11-16 12:19 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

W. AUKERMAN 0072
8/11/2016 5:43:25 PM

BADGE OR ID #	#0132	ORI #	WA0311900	TIME POLICE DISPATCHED	11:16 AM	TIME POLICE ARRIVED	11:19 AM
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REPORT NO. E572789

CASE # 2016-00015795

DATE AND TIME
OF COLLISION 08/11/16 11:15

